

SAN BENITO COUNTY OFFICE OF EDUCATION  
TEACHER'S COMMENTS SHEET ON SUBSTITUTE TEACHER

Date \_\_\_\_\_

Name of Substitute Teacher \_\_\_\_\_

Name of Teacher \_\_\_\_\_

School Site \_\_\_\_\_

Name of Teacher's Aides \_\_\_\_\_

(Circle One)

- |    |                                                                                 |     |    |
|----|---------------------------------------------------------------------------------|-----|----|
| 1. | Lesson plans completed satisfactorily                                           | Yes | No |
| 2. | Attendance taken correctly and noted in roll book                               | Yes | No |
| 3. | Classroom discipline plan followed                                              | Yes | No |
| 4. | Windows and doors locked                                                        | Yes | No |
| 5. | Comment sheets adequately filled out, and sent to Personnel Office and returned | Yes | No |
| 6. | Comments from aide favorable                                                    | Yes | No |
| 7. | Any comments or suggestions about this substitute would be appreciated          | Yes | No |

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature